

Engaging with others to improve global medical care through international board certification

Authors

Krista Allbee^{1,*}; Lois Margaret Nora^{2,†}

Abstract

This commentary, based on comments made by Lois Margaret Nora, MD, during the Globalization of Medical Education panel at the 2012 Annual Meeting of the Association of American Medical Colleges, provides information about the American Board of Medical Specialties (ABMS), ABMS, International (ABMS-I), and the ABMS Board Certification process. The ABMS was founded near the beginning of the Twentieth century and has a long history of protecting the public through rigorous standards of physician certification. This article highlights the reasons that ABMS and ABMS-I are engaging with the international community to explore international board certification and provides one current example of such a collaboration.

ABMS history

The ABMS Boards movement can be traced back almost a century. Near the beginning of the Twentieth century, ophthalmologists, concerned about low-quality eye care and the lack of educational standards and desiring to protect the public and to improve healthcare, established educational

and assessment standards for ophthalmologists. These activities led to the development of the American Board of Ophthalmology in 1916.¹ In subsequent years, similar activities led to the addition of three other medical specialty Boards: the American Board of Dermatology, the American Board of Otolaryngology, and the American Board of Obstetrics and Gynecology. In 1933, these four founding Boards formed the Advisory Board for Medical Specialties, which became today's American Board of Medical Specialties (ABMS).

The mission of the ABMS is to improve medical care by assisting our Member Boards to develop and implement educational and professional standards for the evaluation and certification of physician specialists. Today, the ABMS has 24 Member Boards that certify physicians in 37 specialties (including specialties that are medical and surgical, generalist and focused) and 123 subspecialties. More than 800,000 US physicians have met rigorous criteria for initial board certification, and almost one-half million United States physicians are participating in continuing certification through the Program for Maintenance of Certification (MOC).^{2,3}

Initial ABMS Board Certification is granted by a Member Board when certain rigorous criteria are met. These criteria are 1) a full and unrestricted medical license; 2) the completion of an extended

¹ Vice President, International Programs, American Board of Medical Specialties

² President and Chief Executive Officer, American Board of Medical Specialties (ABMS)

* Email: kallbee@ABMS.org

† Email: lmnora@abms.org

Submitted: 11 November 2013

Accepted: 14 November 2013

Cite this article as:

Allbee K, Nora LM. Engaging with others to improve global medical care through international board certification, *Innovations in Global Medical and Health Education* 2013;6 <http://dx.doi.org/10.5339/igmhe.2013.6>

This is an open access article distributed under the terms of the Creative Commons Attribution license CC BY 3.0, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

and high-quality program of training in the knowledge, skills, behaviors, and professionalism of a medical specialty (usually via completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency, fellowship program, or both; and 3) successful completion of additional assessments of knowledge and skills, as determined by the particular specialty board. These additional assessments always include a standardized examination of knowledge and may include additional assessment methods such as oral examination, simulation examination, and review of patient records or operative reports.

For many years, ABMS Board Certification was limited to an initial process of certification that happened early in the physician's career. However, it became clear that this "single-point-in-time" process was inadequate. Medical science and clinical practice change over time, physician practices change over time, and the public expected that "ABMS Board Certification" reflected a recent quality indicator, not something that dated from decades earlier. Beginning in the 1970s, the Member Boards gradually moved toward periodic recertification examinations, and by 2000 the concept of Maintenance of Certification (MOC) had been adopted. This process of recertification better meets the obligations of ABMS and its Member Boards for public accountability and trust.

The MOC process introduced ongoing expectations for ABMS Board Certification. Grounded in current research into physician competence, patient safety, and practice management, the MOC Program incorporates the six core domains of competency that are applicable to physician practices around the globe and that have been established by ABMS and the ACGME: 1) professionalism, including adherence to ethical principles and sensitivity to diversity; 2) compassionate, appropriate, and effective patient care and procedural skills; 3) knowledge about established and evolving sciences and its application to patient care; 4) practice-based learning and improvement; 5) interpersonal and communication skills; and 6) systems-based practice, involving an awareness of and a responsibility to the larger context and systems of healthcare. MOC incorporates requirements that fall into the broad categories of professionalism and professional standing; lifelong learning and self-assessment;

assessment of cognitive expertise; and improvement in medical practice. Improvement in medical practice activities contribute to improved systems of care in the physician's own practice, health system, or both.

By 2006, all ABMS Member Boards had incorporated MOC into their certification process. Currently, a process is under way to develop the next iteration of ABMS Standards for Programs for MOC; it is anticipated that these standards will become effective in January 2015.²

ABMS assistance in international certification efforts

ABMS Board Certification has long been recognized as an important indicator of physician quality, and many physicians and physician-leaders in the international community have met the requirements for ABMS Board Certification; some are participating in the MOC process. In recent years, as healthcare has become a multinational and even global activity, many of these physician-leaders and others in the international community have identified ABMS-style board certification as a mechanism for improving the quality of healthcare in their countries. As a result, ABMS has been approached to assist in the development or expansion of an ABMS-like board certification process that combines ABMS's high standards for assessment with content that incorporates the specific healthcare issues, culture, and customs of a country or region.

After a substantial period of discussion, ABMS leadership determined that it is both appropriate and important for ABMS to become involved in international certification initiatives. This decision led to the creation of ABMS, International (ABMS-I), the purpose of which is to provide international services related to physician certification. There are many reasons for this conclusion.

First, we believe that participating in the development and implementation of high standards for medical care internationally is consistent with our public accountability responsibilities. In our increasingly "flat world," public health and medical care are not delimited by geographic or political boundaries. An infectious disease that emerges in one part of the world soon spreads elsewhere. United States citizens become patients in healthcare systems

around the world, either through choice or through unexpected events during travel. Healthcare delivery is transnational, and telemedicine is making it even more so. Developing and implementing better standards through leveraging high-quality processes used by ABMS Member Boards will result in better care for patients; this belief applies not only to the United States but also to the rest of the world.

Second, we are responding to invitations from our international medical colleagues to help improve training and assessment of physicians in their countries. The healthcare systems of many countries are in the process of rapid development and improvement. Physician-leaders in those countries recognize the value of board certification in improving the standards of medical education, providing an outcome measurement for developing graduate medical education (GME) systems in those countries, implementing a standardized mechanism for evaluating physician quality, and strengthening career-long professional development. As our international colleagues work to develop their new medical education systems, they have seen value in the United States systems for the accreditation of GME programs and for board certification; they have invited our participation, and we have a professional responsibility to our colleagues to assist as possible.

Third, the ACGME has, through its international arm—the Accreditation Council for Graduate Medical Education – International (ACGME-I), become involved in the accreditation of residency education programs outside the United States. The development of ACGME-I accreditation further spurred interest in the participation of ABMS-I in physician certification. We expect that ABMS-I's efforts will be focused on certification that is be substantially limited to physicians who have graduated from ACGME-I accredited residency programs. This decision is consistent with the ABMS philosophy that ABMS Board Certification is not the result of passing examinations but instead the result of successfully completing an extended period of rigorous training and assessment in the knowledge, skills, judgment, and professionalism related to a medical specialty (via an ACGME-accredited program) and also completing additional specialty-specific examinations and assessments.

Finally, another important reason that ABMS is interested in international engagement stems from our recognition that we have much to learn from

our international colleagues. These collaborations will expand our knowledge of and exposure to best practices and innovative methods in healthcare delivery, medical education, and assessment. Several of the countries with which we are engaged are transforming their healthcare systems or are developing completely new models of medical education across the continuum of undergraduate, graduate, and continuing education. As the United States embarks on the reconstruction of our own healthcare system, and as we consider how our Flexnerian model of medical education could evolve in changing times, we will benefit from learning what our international colleagues are thinking and doing and from working with them on innovative ideas.

An example of ABMS-I engagement

The Ministry of Health, Singapore (the Singapore MOH) has engaged ABMS-I (through its subsidiary, ABMS, Singapore [ABMS-S]) in a collaborative arrangement to jointly develop a physician assessment program for medical specialists practicing in Singapore. ABMS-S is assisting the Singapore MOH in developing locally relevant examinations to support medical specialty assessment programs. These examinations will be offered to physicians who have completed ACGME-I-accredited residency training programs. Examinations in internal medicine, pediatrics, and pathology are currently being developed; the development of certification processes and examinations in other disciplines will follow.

This consultancy arrangement allows ABMS-S to assist Singapore in incorporating elements of the ABMS model into Singapore's distinct process of certifying physicians, a process specifically designed to be relevant to the Singapore healthcare system and to the practice of physicians within that specific context. This goal is consistent with the ABMS-I approach of integrating the high standards and expertise of the ABMS assessments into international assessment processes, while at the same time ensuring that the assessments are appropriate to the medical demographics and cultural context of care in other countries. This process involves engaging physician specialists from Singapore in the development of content outlines and blueprints that are tailored to the practice environment in Singapore. It also requires the physician specialists to write and review content for the certification examinations to ensure that the examination is relevant to

the practice of a given specialty in Singapore, thereby making the process of certification valid for the intended purpose of assessing physician competence within the Singapore healthcare system.

To date, the Singapore MOH, the American Board of Internal Medicine, the American Board of Pediatrics, the American Board of Pathology, and ABMS-S have used the assessment expertise of the boards and ABMS-S to develop and administer certification examinations to residents in the disciplines of internal medicine, pediatrics and pathology. It has been a privilege to work with and to support Singapore in these efforts to set standards of competency. These standards not only will be markers of professionalism for these physicians but also will provide their physicians with a way to measure the knowledge and skills necessary for the delivery of quality care. We look forward to assisting Singapore in expanding standards of competency to other specialties and in continuing its efforts to complement structured formative training with a method for better assessment of physician competence.

The future of our involvement

This is an exciting time in medicine, a time at which we can reach across borders to work together to advance the cause that unites us — serving the needs of patients, families, and communities across our many countries. Assistance with the development of a robust multi-specialty certification program that brings value to current and future international partners and that creates a metric for assessing whether the physician community is serving the needs of the public is important work. As such, we are currently evaluating the most effective mechanisms for developing and implementing high-quality board certification programs. Maintaining high quality standards and reflecting the medical issues and cultural context of the regions are important elements of potential certification processes.

Board certification obtained through ABMS-I processes are structured to be time-limited for the same reasons that ABMS Board Certification is time-limited. We anticipate that the next phase of the ABMS-I assistance with certification programs

will include assisting countries in developing their ABMS-I Programs for MOC. Continuing certification through MOC will provide a valuable mechanism for ongoing assessment and professional development throughout a physician's career.

Our work, together, to improve medical care through ABMS-I Board Certification is important. We can serve the people of our individual countries and our interconnected world through the development of Continuing Certification processes that are patient-centered and practice-relevant. We look forward to participating with our international colleagues to define medical specialist certification programs and to contribute to the advancement of global standards for medical care.

Author statements

Ms. Allbee is salaried by ABMS, International, and Dr. Nora is salaried by the American Board of Medical Specialties.

References

1. Cordes FC, Rucker CW. History of the American Board of Ophthalmology. *Am J Ophthalmol*. 1962;53(2):243 – 264.
2. American Board of Medical Specialties. Fact Sheet: American Board of Medical Specialties (ABMS) and the ABMS Maintenance of Certification (ABMS MOC) Program. http://www.abms.org/News_and_Events/Media_Newsroom/pdf/ABMS_Fact_Sheet.pdf. Accessed November 10, 2013.
3. American Board of Medical Specialties. ABMS Solicits Public Comments on Proposed Standard for the ABMS Program for MOC. http://www.abms.org/News_and_Events/Media_Newsroom/Releases/release_ABMSPublicComments_ForABMSProgramForMOC_0920213.aspx. Accessed November 10, 2013.

Reprinted in full from Innovations in Global Medical and Health Education. 10.5339/igmhe.2013.6 under the terms of CC BY license. Free to read version available under a CC BY license from <http://dx.doi.org/10.5339/igmhe.2013.6>